

INVENTOR INFORMATION

Inventor One Given Name:: Karen
Family Name:: McLachlan
Postal Address Line One:: 184 W. Jason Street
City:: Encinitas
State or Province:: California
Country:: USA
Postal or Zip Code:: 92024
City of Residence:: Encinitas
State or Province of Residence:: California
Country of Residence:: USA
Citizenship Country:: United Kingdom
Inventor Two Given Name:: Scott
Family Name:: Glaser
State or Province of Residence:: California
Country of Residence:: USA
Inventor Three Given Name:: Robert
Family Name:: Peach
State or Province of Residence:: California
Country of Residence:: USA
Inventor Four Given Name:: Anthony
Family Name:: Rowe
State or Province of Residence:: California
Country of Residence:: USA

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26111
Fax One:: 202 371 2540

APPLICATION INFORMATION

Title Line One:: Compositions and Methods for Treating Ca
Title Line Two:: ncer Using IGSF9 and LIV-1
Total Drawing Sheets:: 37
Formal Drawings?: Yes
Application Type:: Utility
Docket Number:: 2159.0030001
Secrecy Order in Parent Appl.?: No

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26111

CONTINUITY INFORMATION

This application is a:: NON PROV. OF PROVISIONAL
> Application One:: 60/442,535

Filing Date:: 01-27-2003

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